## Independent Living Monthly Budget Plan

Youth's Name:		<b>Dates Covered by the</b>	Start:	End:			
		Budget Plan:					
Attach to PPS 7000 Self-Sufficiency Plan. Shall be reviewed, updated, and approved every case plan or when							
circumstances change.							

A. Income & Resources		B. Expenses *Only include portion that youth is responsible for paying			
Employment:	Gross pay / month		Housing:		\$
		\$	Food:		\$
	Federal & State tax and		Utilities:  Electricity:	\$	
	other withholdings		Gas / Propane: Water / Sewer	\$	
			Cable / Internet:  Trash: Other (specify):	\$ \$ \$	
		\$		ι ν Γotal Utilities:	\$
	Net pay / month	\$	Healthcare (include premiums, co-pays, prescriptions, etc.):		\$
SSI:		\$	Clothing / Personal Care / Hygiene:		\$
Financial Aid: (Divide by 6 months)			Transportation: (1/12 for annu Tags, Taxes*: Repairs*:	(al expenses*)  \$	
□N/A -Youth is not attending school.			Gas: Insurance:	\$	
			Bus Pass, Rides/Other: Total Tr *Annual / Planned expenses	ansportation:	
Cash Assistance:		\$	to get monthly budget amount.  Loans / Credit Card (Include Auto		\$
□N/A		\$	Loans / Car Payments Here): School / Work Expenses:		\$
Food Assistance:		\$	Cell Phone:		\$
Additional Income or Financial	If yes, the amount received		Daycare / Child Support (excluding DCF		\$
Support?	monthly: (Ex. Parents/		daycare / Clind Support (ex daycare assistance or garnishment Home Maintenance:		\$
	grandparents, Friend)	\$			\$
Other / Miscellaneous			Recreation:		\$
		\$	Savings:		\$
Total Monthly Ir	ncome and		Total Monthly Expenses:		
Resources prior to IL financial assistance:		\$			\$

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<b>Total Monthly Income</b>		Total Monthly Expenses:					
and Resources prior to	•						
IL financial assistance:	\$	<u> </u>	\$				
Type of assistance: Subsidy ETV Monthly IL financial support amount authorized by IL							
coordinator:							
	upport should not exceed the differen	ce					
between Income and Resources (A) and Expenses (B).							
Monthly IL financial suppo	ort amount approved by IL						
Supervisor (for no more th		\$					
Signature of IL Supervisor:			Da	Date:			
Start Up Expense Requesto	ed:	Date Utilized:	Pri	or Amount Utilized:			
Utility Deposit (8122)	s		\$				
Household Items (8122)	\$		\$				
Rent Deposit (8100)	\$		\$				
Total Start Up Expenses	-						
Used:	\$						
Youth is working what typ	•						
Secondary Education Employment		☐Post-Secondary / Certified Training		Other; specify:			
Does the youth have a mento	or: Yes No	If yes, name:	-				
<ul> <li>By signing below, I agree to:         <ul> <li>Provide copies of receipts, estimates, leases, and other documentation as requested by my Independent Living Coordinator to assist in the provision of my monthly support.</li> <li>Follow my education/ employment plan. If I do not follow my plan, my monthly support provided by the DCF Independent Living Program will end and I will not be able to receive funding from this program.</li> </ul> </li> </ul>							
Signature of Youth:				Date:			
Signature of DCF IL Coordinator:				Date:			
A copy of this completed m	onthly budget was provided	to the youth?	□Yes □No	Date:			

(Financial Support provided by the DCF IL Program must be documented in SSIS with receipts of purchases in the IL case file)



Strong Families Make a Strong Kansas